CAT THYROID CENTER

REFERRAL

Please email this form with all lab/diagnostic values to: info@catthyroid.com

Full Name:

Address:

Email:

Phone Number:

PET INFORMATION

Name: **Sex:** Male ☐ Female: ☐ **Altered:** ☐ Yes ☐ No

Age: **Date of Diagnosis:**

PRE-TREATMENT EVALUATION/DIAGNOSITCS NEEDED

Laboratory evaluations required:

- Complete Blood Count ☐
- Complete chemistry/electrolyte panel (within 90 days of scheduled appt at CTC) ☐
- Urinalysis with sediment exam ☐
- T4 ☐
- Radiographs - whole cat (2 views: Ventral/Dorsal and Lateral) ☐

Laboratory evaluations recommended/optional

- Blood Pressure (recommended) ☐
- Cardio pro BNP (recommended) ☐
- Electrocardiogram (recommended if patient has history of heart issues) ☐
- Free T4 and T3 (Optional) ☐

Methimazole/Felimazole dosage and start date:

Is patient currently on a y/d diet? ☐ **Yes** ☐ **No**

Is there any evidence of cardio abnormalities/ heart murmur? (please grade murmur)

Please send a 10 day supply of Gabapentin with patient.

All patients MUST be current on Rabies and FVRCP vaccines.

Additional Notes:

More Information :

717 S. Tamiami Trail (US-41)

(813) 641-3425

www.catthyroid.com

info@catthyroid.com

Thank You for your Referral!

Referring DVM:

Referring DVM Phone:

Referring DVM email: